

## Community First Choice Removing Authorization of Representative Form

Participant Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Relationship to Participant (check one):  Family Member  Other

Describe relationship: \_\_\_\_\_

By signing this form, I remove authorization previously granted to the representative listed on this form.

I understand that this form removes my representative for those activities previously indicated for the Community First Choice program only, and does NOT relate to any other program or legal purpose.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_